



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Humana Benefit Plan of Illinois, Inc.

NAIC Group Code01190119NAIC Company Code60052Employer's ID Number37-1326199
(Current)(Prior)

Organized under the Laws ofIllinois, State of Domicile or Port of EntryIL

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized06/20/1994Commenced Business02/01/1995

Statutory Home Office4501 North Sterling Ave., 2nd FloorPeoria , IL, US 61615
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office500 West Main StreetLouisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville , KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records500 West Main StreetLouisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactStephen Jackson502-580-2715
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardSr. VP & CFOBrian Andrew Kane

VP & Corporate SecretaryJoseph Christopher Ventura #VP & Chief ActuaryMarie Vanessa Olson #

OTHER

| | | |
|--|---|---|
| Alan James Bailey, VP & Treasurer | Elizabeth Diane Bierbower, Pres, Group Segment | Renee Jacqueline Buckingham, VP & Division Leader - Northern Division |
| John Gregory Catron, VP & Chief Compliance Officer | Charles Wilbur Dow Jr., Reg. Pres-Sr Products/Great Lakes Reg./Central North Region | Douglas Allen Edwards, Vice President |
| Jeffrey Carl Fernandez, Seg. VP, Retail West and MarketPOINT | Brian Phillip LeClaire, Ph.D., Sr. VP & Chief Information Officer | Heidi Suzanne Margulis, Sr. Vice President |
| Susan Lynn Mateja #, Appointed Actuary | Mark Matthew Matzke, Seg. VP & Pres., Small Business and Large Group | Steven Edward McCulley, SVP, Medicare Operations |
| William Mark Preston, VP-Investment Management | Richard Donald Remmers, VP, Group Segment | George Renaudin II, Seg. VP, Retail East & Provider Experience |
| Donald Hank Robinson, Vice President - Tax | Timothy Alan Wheatley, President, Retail Segment | Ralph Martin Wilson, Vice President |
| Cynthia Hillebrand Zipperle, VP & Chief Accounting Officer | | |

DIRECTORS OR TRUSTEES

| | | |
|----------------------|--------------------------|-------------------------|
| Bruce Dale Broussard | Neal Curtis Fischer M.D. | Brian Andrew Kane |
| Ross Alan Westreich | Timothy Alan Wheatley # | Patricia Ann Laughren # |

State ofKentuckySS:

County ofJefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale BroussardPresident & CEO

Joseph Christopher Ventura #VP & Corporate Secretary

Alan James BaileyVP & Treasurer

Subscribed and sworn to before me this23rdday ofFebruary, 2018

a. Is this an original filing?Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Michele Sizemore
Notary Public
January 3, 2019

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|--|--|--|--|---|--|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 10,919,064 | 48,822,094 | 0 | 14,326,617 | 10,919,064 | 10,919,064 |
| 2. Claim overpayment receivables | 144 | 0 | 0 | 4,284 | 144 | 144 |
| 3. Loans and advances to providers | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Capitation arrangement receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Risk sharing receivables | 423,799 | 0 | 0 | 0 | 423,799 | 423,799 |
| 6. Other health care receivables..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Totals (Lines 1 through 6) | 11,343,007 | 48,822,094 | 0 | 14,330,902 | 11,343,007 | 11,343,007 |

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|------------------------|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| NONE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|----------------|---------------------------|----------------------|---------------------------------|--|--|
| | NONE | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9999999 Totals | | | xxx | xxx | xxx |

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| | | 1 | 2 | 3 | 4 | 5 | 6 |
|-------------|---|-----------|--------------|--------------------------|------------------------------|---------------------|---------------------|
| Description | | Cost | Improvements | Accumulated Depreciation | Book Value Less Encumbrances | Assets Not Admitted | Net Admitted Assets |
| 1. | Administrative furniture and equipment | 623,346 | 0 | 55,273 | 568,074 | 568,074 | 0 |
| 2. | Medical furniture, equipment and fixtures | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Pharmaceuticals and surgical supplies | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. | Durable medical equipment | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | Other property and equipment | 1,047,413 | 0 | 78,556 | 968,857 | 968,857 | 0 |
| 6. | Total | 1,670,759 | 0 | 133,829 | 1,536,931 | 1,536,931 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Alabama | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 2,085 | 0 | 0 | 0 | 0 | 0 | 0 | 2,085 | 0 | 0 | |
| 2. | First Quarter | 2,089 | 0 | 0 | 0 | 0 | 0 | 0 | 2,089 | 0 | 0 | |
| 3. | Second Quarter | 2,131 | 0 | 0 | 0 | 0 | 0 | 0 | 2,131 | 0 | 0 | |
| 4. | Third Quarter | 2,154 | 0 | 0 | 0 | 0 | 0 | 0 | 2,154 | 0 | 0 | |
| 5. | Current Year | 2,149 | 0 | 0 | 0 | 0 | 0 | 0 | 2,149 | 0 | 0 | |
| 6. | Current Year Member Months | 25,490 | 0 | 0 | 0 | 0 | 0 | 0 | 25,490 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 44,164 | 0 | 0 | 0 | 0 | 0 | 0 | 44,164 | 0 | 0 | |
| 8. | Non-Physician | 21,151 | 0 | 0 | 0 | 0 | 0 | 0 | 21,151 | 0 | 0 | |
| 9. | Total | 65,315 | 0 | 0 | 0 | 0 | 0 | 0 | 65,315 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 6,230 | 0 | 0 | 0 | 0 | 0 | 0 | 6,230 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 584 | 0 | 0 | 0 | 0 | 0 | 0 | 584 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 22,248,573 | 0 | 0 | 0 | 0 | 0 | 0 | 22,248,573 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 22,248,573 | 0 | 0 | 0 | 0 | 0 | 0 | 22,248,573 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 20,058,107 | 0 | 0 | 0 | 0 | 0 | 0 | 20,058,107 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 20,474,969 | 0 | 0 | 0 | 0 | 0 | 0 | 20,474,969 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products2,149 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,248,573



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Alaska | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|---------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.AK



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Arizona | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|----------------------------------|------------------------------------|---------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Arkansas | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.AR



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Colorado | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.CO



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Connecticut | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|--------------------------------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|-------------------|--|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | | |
| | | 2 Individual | 3 Group | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Delaware | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF District of Columbia | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|---|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|-------------------|--|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | | |
| | | 2 Individual | 3 Group | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Georgia | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 60052 | |
| | | 2 | 3 | | | | | | | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 2,450 | 0 | 0 | 0 | 0 | 0 | 0 | 2,450 | 0 | 0 | |
| 2. | First Quarter | 2,830 | 0 | 0 | 0 | 0 | 0 | 0 | 2,830 | 0 | 0 | |
| 3. | Second Quarter | 2,902 | 0 | 0 | 0 | 0 | 0 | 0 | 2,902 | 0 | 0 | |
| 4. | Third Quarter | 2,949 | 0 | 0 | 0 | 0 | 0 | 0 | 2,949 | 0 | 0 | |
| 5. | Current Year | 2,987 | 0 | 0 | 0 | 0 | 0 | 0 | 2,987 | 0 | 0 | |
| 6. | Current Year Member Months | 34,801 | 0 | 0 | 0 | 0 | 0 | 0 | 34,801 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 58,464 | 0 | 0 | 0 | 0 | 0 | 0 | 58,464 | 0 | 0 | |
| 8. | Non-Physician | 29,501 | 0 | 0 | 0 | 0 | 0 | 0 | 29,501 | 0 | 0 | |
| 9. | Total | 87,965 | 0 | 0 | 0 | 0 | 0 | 0 | 87,965 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 6,100 | 0 | 0 | 0 | 0 | 0 | 0 | 6,100 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 748 | 0 | 0 | 0 | 0 | 0 | 0 | 748 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 29,854,041 | 0 | 0 | 0 | 0 | 0 | 0 | 29,854,041 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 29,854,041 | 0 | 0 | 0 | 0 | 0 | 0 | 29,854,041 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 25,420,734 | 0 | 0 | 0 | 0 | 0 | 0 | 25,420,734 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 25,989,658 | 0 | 0 | 0 | 0 | 0 | 0 | 25,989,658 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products2,987 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$29,854,041



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | | BUSINESS IN THE STATE OF | | Hawaii | | DURING THE YEAR | | 2017 | | NAIC Company Code | |
|--|-------|------------------------------------|-------|---------------------|-------------|-----------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | 2 | 3 | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Services | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Idaho | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|--------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.ID



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Illinois | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 18,381 | 0 | 0 | 0 | 0 | 0 | 512 | 17,869 | 0 | 0 | |
| 2. | First Quarter | 18,055 | 0 | 0 | 0 | 0 | 0 | 0 | 18,055 | 0 | 0 | |
| 3. | Second Quarter | 18,064 | 0 | 0 | 0 | 0 | 0 | 0 | 18,064 | 0 | 0 | |
| 4. | Third Quarter | 18,047 | 0 | 0 | 0 | 0 | 0 | 0 | 18,047 | 0 | 0 | |
| 5. | Current Year | 17,979 | 0 | 0 | 0 | 0 | 0 | 0 | 17,979 | 0 | 0 | |
| 6. | Current Year Member Months | 216,427 | 0 | 0 | 0 | 0 | 0 | 0 | 216,427 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 359,905 | 0 | 0 | 0 | 0 | 0 | 638 | 359,267 | 0 | 0 | |
| 8. | Non-Physician | 185,987 | 0 | 0 | 0 | 0 | 0 | 313 | 185,674 | 0 | 0 | |
| 9. | Total | 545,892 | 0 | 0 | 0 | 0 | 0 | 951 | 544,941 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 51,998 | 0 | 0 | 0 | 0 | 0 | 24 | 51,974 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 5,330 | 0 | 0 | 0 | 0 | 0 | 2 | 5,328 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 185,398,277 | 0 | 0 | 0 | 0 | 0 | 134,228 | 185,264,049 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 185,398,277 | 0 | 0 | 0 | 0 | 0 | 134,228 | 185,264,049 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 148,134,316 | 0 | 0 | 0 | 0 | 0 | 371,397 | 147,762,919 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 153,062,266 | 0 | 0 | 0 | 0 | 0 | (186,339) | 153,248,606 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products10,014 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$185,264,049



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Indiana | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 60052 | |
| | | 2 | 3 | | | | | | | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 4,821 | 0 | 0 | 0 | 0 | 0 | 0 | 4,821 | 0 | 0 | |
| 2. | First Quarter | 4,485 | 0 | 0 | 0 | 0 | 0 | 0 | 4,485 | 0 | 0 | |
| 3. | Second Quarter | 4,445 | 0 | 0 | 0 | 0 | 0 | 0 | 4,445 | 0 | 0 | |
| 4. | Third Quarter | 4,412 | 0 | 0 | 0 | 0 | 0 | 0 | 4,412 | 0 | 0 | |
| 5. | Current Year | 4,392 | 0 | 0 | 0 | 0 | 0 | 0 | 4,392 | 0 | 0 | |
| 6. | Current Year Member Months | 53,415 | 0 | 0 | 0 | 0 | 0 | 0 | 53,415 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 104,766 | 0 | 0 | 0 | 0 | 0 | 0 | 104,766 | 0 | 0 | |
| 8. | Non-Physician | 63,305 | 0 | 0 | 0 | 0 | 0 | 0 | 63,305 | 0 | 0 | |
| 9. | Total | 168,071 | 0 | 0 | 0 | 0 | 0 | 0 | 168,071 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 16,636 | 0 | 0 | 0 | 0 | 0 | 0 | 16,636 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 1,626 | 0 | 0 | 0 | 0 | 0 | 0 | 1,626 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 59,746,664 | 0 | 0 | 0 | 0 | 0 | 0 | 59,746,664 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 59,746,664 | 0 | 0 | 0 | 0 | 0 | 0 | 59,746,664 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 48,533,458 | 0 | 0 | 0 | 0 | 0 | 0 | 48,533,458 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 48,470,695 | 0 | 0 | 0 | 0 | 0 | 0 | 48,470,695 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products4,392 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$59,746,664



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Iowa | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Kansas | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|---------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Kentucky | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 19,267 | 0 | 0 | 0 | 0 | 0 | 0 | 19,267 | 0 | 0 | |
| 2. | First Quarter | 20,892 | 0 | 0 | 0 | 0 | 0 | 0 | 20,892 | 0 | 0 | |
| 3. | Second Quarter | 21,098 | 0 | 0 | 0 | 0 | 0 | 0 | 21,098 | 0 | 0 | |
| 4. | Third Quarter | 21,344 | 0 | 0 | 0 | 0 | 0 | 0 | 21,344 | 0 | 0 | |
| 5. | Current Year | 21,551 | 0 | 0 | 0 | 0 | 0 | 0 | 21,551 | 0 | 0 | |
| 6. | Current Year Member Months | 253,296 | 0 | 0 | 0 | 0 | 0 | 0 | 253,296 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 476,991 | 0 | 0 | 0 | 0 | 0 | 0 | 476,991 | 0 | 0 | |
| 8. | Non-Physician | 309,186 | 0 | 0 | 0 | 0 | 0 | 0 | 309,186 | 0 | 0 | |
| 9. | Total | 786,177 | 0 | 0 | 0 | 0 | 0 | 0 | 786,177 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 59,540 | 0 | 0 | 0 | 0 | 0 | 0 | 59,540 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 6,409 | 0 | 0 | 0 | 0 | 0 | 0 | 6,409 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 269,573,782 | 0 | 0 | 0 | 0 | 0 | 0 | 269,573,782 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 269,573,782 | 0 | 0 | 0 | 0 | 0 | 0 | 269,573,782 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 217,401,770 | 0 | 0 | 0 | 0 | 0 | 0 | 217,401,770 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 218,248,057 | 0 | 0 | 0 | 0 | 0 | 0 | 218,248,057 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products21,551 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$269,573,782



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Louisiana | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 1,067 | 0 | 0 | 0 | 0 | 0 | 0 | 1,067 | 0 | 0 | |
| 2. | First Quarter | 1,542 | 0 | 0 | 0 | 0 | 0 | 0 | 1,542 | 0 | 0 | |
| 3. | Second Quarter | 1,590 | 0 | 0 | 0 | 0 | 0 | 0 | 1,590 | 0 | 0 | |
| 4. | Third Quarter | 1,614 | 0 | 0 | 0 | 0 | 0 | 0 | 1,614 | 0 | 0 | |
| 5. | Current Year | 1,655 | 0 | 0 | 0 | 0 | 0 | 0 | 1,655 | 0 | 0 | |
| 6. | Current Year Member Months | 19,041 | 0 | 0 | 0 | 0 | 0 | 0 | 19,041 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 28,564 | 0 | 0 | 0 | 0 | 0 | 0 | 28,564 | 0 | 0 | |
| 8. | Non-Physician | 17,045 | 0 | 0 | 0 | 0 | 0 | 0 | 17,045 | 0 | 0 | |
| 9. | Total | 45,609 | 0 | 0 | 0 | 0 | 0 | 0 | 45,609 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 3,441 | 0 | 0 | 0 | 0 | 0 | 0 | 3,441 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 410 | 0 | 0 | 0 | 0 | 0 | 0 | 410 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 16,742,131 | 0 | 0 | 0 | 0 | 0 | 0 | 16,742,131 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 16,742,131 | 0 | 0 | 0 | 0 | 0 | 0 | 16,742,131 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 12,755,762 | 0 | 0 | 0 | 0 | 0 | 0 | 12,755,762 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 13,221,350 | 0 | 0 | 0 | 0 | 0 | 0 | 13,221,350 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products1,655 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$16,742,131



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|--------|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Maine | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | |
| 2. First Quarter | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | |
| 3. Second Quarter | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | |
| 4. Third Quarter | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | |
| 5. Current Year | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | |
| 6. Current Year Member Months | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 0 | 0 | |
| 8. Non-Physician | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 0 | 0 | |
| 9. Total | 45 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 18,958 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18,958 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 18,958 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18,958 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 25,474 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,474 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | 19,048 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19,048 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$18,958



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Maryland | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Massachusetts | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|--|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Michigan | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Minnesota | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|------------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.MN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Mississippi | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|--------------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.MS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Missouri | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|---|-----------|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Montana | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | 592 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 592 | 0 | 0 | |
| 2. First Quarter | 650 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 650 | 0 | 0 | |
| 3. Second Quarter | 656 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 656 | 0 | 0 | |
| 4. Third Quarter | 654 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 654 | 0 | 0 | |
| 5. Current Year | 684 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 684 | 0 | 0 | |
| 6. Current Year Member Months | 7,816 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,816 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | 6,360 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,360 | 0 | 0 | |
| 8. Non-Physician | 6,034 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,034 | 0 | 0 | |
| 9. Total | 12,394 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12,394 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 842 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 842 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 103 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 103 | 0 | 0 | |
| 12. Health Premiums Written (b) | 5,168,470 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,168,470 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 5,168,470 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,168,470 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 3,696,912 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,696,912 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | 3,607,215 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,607,215 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products 684 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,168,470



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Nebraska | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Nevada | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|---------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.NV



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF New Hampshire | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|--|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------------|--|
| 0119 | | New Jersey | | 2017 | | | | | | | NAIC Company Code 60052 | |
| | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 1,044 | 0 | 0 | 0 | 0 | 0 | 0 | 1,044 | 0 | 0 | |
| 2. | First Quarter | 559 | 0 | 0 | 0 | 0 | 0 | 0 | 559 | 0 | 0 | |
| 3. | Second Quarter | 552 | 0 | 0 | 0 | 0 | 0 | 0 | 552 | 0 | 0 | |
| 4. | Third Quarter | 550 | 0 | 0 | 0 | 0 | 0 | 0 | 550 | 0 | 0 | |
| 5. | Current Year | 545 | 0 | 0 | 0 | 0 | 0 | 0 | 545 | 0 | 0 | |
| 6. | Current Year Member Months | 6,629 | 0 | 0 | 0 | 0 | 0 | 0 | 6,629 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 14,543 | 0 | 0 | 0 | 0 | 0 | 0 | 14,543 | 0 | 0 | |
| 8. | Non-Physician | 8,077 | 0 | 0 | 0 | 0 | 0 | 0 | 8,077 | 0 | 0 | |
| 9. | Total | 22,620 | 0 | 0 | 0 | 0 | 0 | 0 | 22,620 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 3,032 | 0 | 0 | 0 | 0 | 0 | 0 | 3,032 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 219 | 0 | 0 | 0 | 0 | 0 | 0 | 219 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 7,853,341 | 0 | 0 | 0 | 0 | 0 | 0 | 7,853,341 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 7,853,341 | 0 | 0 | 0 | 0 | 0 | 0 | 7,853,341 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 7,239,328 | 0 | 0 | 0 | 0 | 0 | 0 | 7,239,328 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 6,709,808 | 0 | 0 | 0 | 0 | 0 | 0 | 6,709,808 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products 545 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 7,853,341



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF New Mexico | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-------------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.NM



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|--------------------------|------------------------------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | North Carolina | | 2017 | | | | | | | NAIC Company Code | |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 60052 | |
| | | | 2 | 3 | | | | | | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 5,929 | 0 | 0 | 0 | 0 | 0 | 0 | 5,929 | 0 | 0 | |
| 2. | First Quarter | 5,265 | 0 | 0 | 0 | 0 | 0 | 0 | 5,265 | 0 | 0 | |
| 3. | Second Quarter | 5,398 | 0 | 0 | 0 | 0 | 0 | 0 | 5,398 | 0 | 0 | |
| 4. | Third Quarter | 5,574 | 0 | 0 | 0 | 0 | 0 | 0 | 5,574 | 0 | 0 | |
| 5. | Current Year | 5,655 | 0 | 0 | 0 | 0 | 0 | 0 | 5,655 | 0 | 0 | |
| 6. | Current Year Member Months | 65,280 | 0 | 0 | 0 | 0 | 0 | 0 | 65,280 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 106,981 | 0 | 0 | 0 | 0 | 0 | 0 | 106,981 | 0 | 0 | |
| 8. | Non-Physician | 52,621 | 0 | 0 | 0 | 0 | 0 | 0 | 52,621 | 0 | 0 | |
| 9. | Total | 159,602 | 0 | 0 | 0 | 0 | 0 | 0 | 159,602 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 12,995 | 0 | 0 | 0 | 0 | 0 | 0 | 12,995 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 1,471 | 0 | 0 | 0 | 0 | 0 | 0 | 1,471 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 55,686,479 | 0 | 0 | 0 | 0 | 0 | 0 | 55,686,479 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 55,686,479 | 0 | 0 | 0 | 0 | 0 | 0 | 55,686,479 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 45,190,719 | 0 | 0 | 0 | 0 | 0 | 0 | 45,190,719 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 44,824,935 | 0 | 0 | 0 | 0 | 0 | 0 | 44,824,935 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products5,655 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$55,686,479



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | North Dakota | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 30 | 0 | 0 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. | First Quarter | 39 | 0 | 0 | 39 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. | Second Quarter | 39 | 0 | 0 | 39 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. | Third Quarter | 44 | 0 | 0 | 44 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. | Current Year | 44 | 0 | 0 | 44 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. | Current Year Member Months | 483 | 0 | 0 | 483 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 509 | 0 | 0 | 509 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. | Non-Physician | 343 | 0 | 0 | 343 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. | Total | 852 | 0 | 0 | 852 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 20 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 5 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 60,167 | 0 | 0 | 60,167 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 88,167 | 0 | 0 | 88,167 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 47,458 | 0 | 0 | 47,458 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 46,634 | 0 | 0 | 46,634 | 0 | 0 | 0 | 0 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.ND



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Ohio | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 6,422 | 0 | 0 | 0 | 0 | 0 | 0 | 6,422 | 0 | 0 | |
| 2. | First Quarter | 6,398 | 0 | 0 | 0 | 0 | 0 | 0 | 6,398 | 0 | 0 | |
| 3. | Second Quarter | 6,324 | 0 | 0 | 0 | 0 | 0 | 0 | 6,324 | 0 | 0 | |
| 4. | Third Quarter | 6,262 | 0 | 0 | 0 | 0 | 0 | 0 | 6,262 | 0 | 0 | |
| 5. | Current Year | 6,175 | 0 | 0 | 0 | 0 | 0 | 0 | 6,175 | 0 | 0 | |
| 6. | Current Year Member Months | 75,806 | 0 | 0 | 0 | 0 | 0 | 0 | 75,806 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 146,096 | 0 | 0 | 0 | 0 | 0 | 0 | 146,096 | 0 | 0 | |
| 8. | Non-Physician | 101,131 | 0 | 0 | 0 | 0 | 0 | 0 | 101,131 | 0 | 0 | |
| 9. | Total | 247,227 | 0 | 0 | 0 | 0 | 0 | 0 | 247,227 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 22,838 | 0 | 0 | 0 | 0 | 0 | 0 | 22,838 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 2,293 | 0 | 0 | 0 | 0 | 0 | 0 | 2,293 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 85,318,253 | 0 | 0 | 0 | 0 | 0 | 0 | 85,318,253 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 85,318,253 | 0 | 0 | 0 | 0 | 0 | 0 | 85,318,253 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 68,439,713 | 0 | 0 | 0 | 0 | 0 | 0 | 68,439,713 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 69,184,267 | 0 | 0 | 0 | 0 | 0 | 0 | 69,184,267 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products6,175 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$85,318,253



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Oklahoma | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|-----------------------------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|-------------------|--|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | | |
| | | 2 Individual | 3 Group | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.OK



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Oregon | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|---------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30. OR



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Pennsylvania | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 18,727 | 0 | 0 | 0 | 0 | 0 | 0 | 18,727 | 0 | 0 | |
| 2. | First Quarter | 16,954 | 0 | 0 | 0 | 0 | 0 | 0 | 16,954 | 0 | 0 | |
| 3. | Second Quarter | 16,868 | 0 | 0 | 0 | 0 | 0 | 0 | 16,868 | 0 | 0 | |
| 4. | Third Quarter | 16,857 | 0 | 0 | 0 | 0 | 0 | 0 | 16,857 | 0 | 0 | |
| 5. | Current Year | 16,805 | 0 | 0 | 0 | 0 | 0 | 0 | 16,805 | 0 | 0 | |
| 6. | Current Year Member Months | 202,564 | 0 | 0 | 0 | 0 | 0 | 0 | 202,564 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 350,214 | 0 | 0 | 0 | 0 | 0 | 0 | 350,214 | 0 | 0 | |
| 8. | Non-Physician | 206,010 | 0 | 0 | 0 | 0 | 0 | 0 | 206,010 | 0 | 0 | |
| 9. | Total | 556,224 | 0 | 0 | 0 | 0 | 0 | 0 | 556,224 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 57,232 | 0 | 0 | 0 | 0 | 0 | 0 | 57,232 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 5,752 | 0 | 0 | 0 | 0 | 0 | 0 | 5,752 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 185,621,070 | 0 | 0 | 0 | 0 | 0 | 0 | 185,621,070 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 185,621,070 | 0 | 0 | 0 | 0 | 0 | 0 | 185,621,070 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 146,300,285 | 0 | 0 | 0 | 0 | 0 | 0 | 146,300,285 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 146,728,079 | 0 | 0 | 0 | 0 | 0 | 0 | 146,728,079 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products16,805 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$185,621,070



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Rhode Island | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|---------------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.RI



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | South Carolina | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 1,135 | 0 | 0 | 0 | 0 | 0 | 0 | 1,135 | 0 | 0 | |
| 2. | First Quarter | 1,020 | 0 | 0 | 0 | 0 | 0 | 0 | 1,020 | 0 | 0 | |
| 3. | Second Quarter | 1,062 | 0 | 0 | 0 | 0 | 0 | 0 | 1,062 | 0 | 0 | |
| 4. | Third Quarter | 1,065 | 0 | 0 | 0 | 0 | 0 | 0 | 1,065 | 0 | 0 | |
| 5. | Current Year | 1,072 | 0 | 0 | 0 | 0 | 0 | 0 | 1,072 | 0 | 0 | |
| 6. | Current Year Member Months | 12,597 | 0 | 0 | 0 | 0 | 0 | 0 | 12,597 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 18,022 | 0 | 0 | 0 | 0 | 0 | 0 | 18,022 | 0 | 0 | |
| 8. | Non-Physician | 11,643 | 0 | 0 | 0 | 0 | 0 | 0 | 11,643 | 0 | 0 | |
| 9. | Total | 29,665 | 0 | 0 | 0 | 0 | 0 | 0 | 29,665 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 3,073 | 0 | 0 | 0 | 0 | 0 | 0 | 3,073 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 276 | 0 | 0 | 0 | 0 | 0 | 0 | 276 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 10,219,033 | 0 | 0 | 0 | 0 | 0 | 0 | 10,219,033 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 10,219,033 | 0 | 0 | 0 | 0 | 0 | 0 | 10,219,033 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 8,474,086 | 0 | 0 | 0 | 0 | 0 | 0 | 8,474,086 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 8,853,669 | 0 | 0 | 0 | 0 | 0 | 0 | 8,853,669 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products1,072 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,219,033

30.SC



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF South Dakota | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|---------------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.SD



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Tennessee | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|------------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Texas | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|--------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Vermont | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|----------------------------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|-------------------|--|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | | |
| | | 2 Individual | 3 Group | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Virginia | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|-----------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Washington | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|--|-------------------------------------|------------------------------------|-------|----------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | | 2 | 3 | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.WA



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | West Virginia | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 5,894 | 0 | 0 | 0 | 0 | 0 | 0 | 5,894 | 0 | 0 | |
| 2. | First Quarter | 6,385 | 0 | 0 | 0 | 0 | 0 | 0 | 6,385 | 0 | 0 | |
| 3. | Second Quarter | 6,366 | 0 | 0 | 0 | 0 | 0 | 0 | 6,366 | 0 | 0 | |
| 4. | Third Quarter | 6,331 | 0 | 0 | 0 | 0 | 0 | 0 | 6,331 | 0 | 0 | |
| 5. | Current Year | 6,312 | 0 | 0 | 0 | 0 | 0 | 0 | 6,312 | 0 | 0 | |
| 6. | Current Year Member Months | 76,207 | 0 | 0 | 0 | 0 | 0 | 0 | 76,207 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 145,830 | 0 | 0 | 0 | 0 | 0 | 0 | 145,830 | 0 | 0 | |
| 8. | Non-Physician | 105,500 | 0 | 0 | 0 | 0 | 0 | 0 | 105,500 | 0 | 0 | |
| 9. | Total | 251,330 | 0 | 0 | 0 | 0 | 0 | 0 | 251,330 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 22,716 | 0 | 0 | 0 | 0 | 0 | 0 | 22,716 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 2,239 | 0 | 0 | 0 | 0 | 0 | 0 | 2,239 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 83,270,102 | 0 | 0 | 0 | 0 | 0 | 0 | 83,270,102 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 83,270,102 | 0 | 0 | 0 | 0 | 0 | 0 | 83,270,102 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 76,134,490 | 0 | 0 | 0 | 0 | 0 | 0 | 76,134,490 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 76,627,080 | 0 | 0 | 0 | 0 | 0 | 0 | 76,627,080 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products6,312 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$83,270,102

30.WV



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Wisconsin | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. | First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. | Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. | Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. | Current Year | 47 | 0 | 0 | 47 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. | Current Year Member Months | 151 | 0 | 0 | 151 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 94 | 0 | 0 | 94 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 8. | Non-Physician | 45 | 0 | 0 | 45 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. | Total | 139 | 0 | 0 | 139 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 28,000 | 0 | 0 | 28,000 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 11,495 | 0 | 0 | 11,495 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 15,039 | 0 | 0 | 15,039 | 0 | 0 | 0 | 0 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

| NAIC Group Code | BUSINESS IN THE STATE OF Wyoming | | | DURING THE YEAR 2017 | | | | | | | NAIC Company Code | |
|---|----------------------------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|-------------------|--|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | | |
| | | 2 Individual | 3 Group | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| NAIC Group Code | | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | |
|--|---|------------------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------------------|--|
| 0119 | | Grand Total | | 2017 | | | | | | | NAIC Company Code | |
| | | Comprehensive (Hospital & Medical) | | | | | | | | | 60052 | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | | |
| 1. | Prior Year | 87,846 | 0 | 0 | 30 | 0 | 0 | 512 | 87,304 | 0 | 0 | |
| 2. | First Quarter | 87,165 | 0 | 0 | 39 | 0 | 0 | 0 | 87,126 | 0 | 0 | |
| 3. | Second Quarter | 87,497 | 0 | 0 | 39 | 0 | 0 | 0 | 87,458 | 0 | 0 | |
| 4. | Third Quarter | 87,860 | 0 | 0 | 44 | 0 | 0 | 0 | 87,816 | 0 | 0 | |
| 5. | Current Year | 88,054 | 0 | 0 | 91 | 0 | 0 | 0 | 87,963 | 0 | 0 | |
| 6. | Current Year Member Months | 1,050,027 | 0 | 0 | 634 | 0 | 0 | 0 | 1,049,393 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | |
| 7. | Physician | 1,861,529 | 0 | 0 | 603 | 0 | 0 | 638 | 1,860,288 | 0 | 0 | |
| 8. | Non-Physician | 1,117,598 | 0 | 0 | 388 | 0 | 0 | 313 | 1,116,897 | 0 | 0 | |
| 9. | Total | 2,979,127 | 0 | 0 | 991 | 0 | 0 | 951 | 2,977,185 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 266,693 | 0 | 0 | 20 | 0 | 0 | 24 | 266,649 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 27,465 | 0 | 0 | 5 | 0 | 0 | 2 | 27,458 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 1,016,807,342 | 0 | 0 | 88,167 | 0 | 0 | 134,228 | 1,016,584,947 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. | Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. | Health Premiums Earned | 1,016,807,342 | 0 | 0 | 88,167 | 0 | 0 | 134,228 | 1,016,584,947 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 827,864,108 | 0 | 0 | 58,953 | 0 | 0 | 371,397 | 827,433,757 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 836,082,768 | 0 | 0 | 61,673 | 0 | 0 | (186,339) | 836,207,434 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products 79,998 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,016,584,947

30.GT

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Assumed | 7 Premiums | 8 Unearned Premiums | 9 Reserve Liability Other Than for Unearned Premiums | 10 Reinsurance Payable on Paid and Unpaid Losses | 11 Modified Coinsurance Reserve | 12 Funds Withheld Under Coinsurance |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--|---------------|---------------------------|--|---|--|---|
| NONE | | | | | | | | | | | |
| 9999999 - Totals | | | | | | | | | | | |

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domi- ciliary Juris- diction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|--|-------------------|------------------------|---------------------------------------|--|--------------------------------------|-----------------------------------|---------------|--|--|----------------------------|------------|--|--|
| | | | | | | | | | | 11 | 12 | | |
| | | | | | | | | | | Current Year | Prior Year | | |
| 0399999. Total General Account - Authorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699999. Total General Account - Authorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0799999. Total General Account - Authorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 37273 | 39-1338397 | 10/01/2015 | AXIS INSURANCE COMPANY | IL | SSL/A/I | CMM | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 62308 | 06-0303370 | 11/01/2010 | CONNECTICUT GENERAL LIFE INSURANCE CO | CT | QA/A/G | MR | 295,510 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0899999. General Account - Authorized U.S. Non-Affiliates | | | | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1099999. Total General Account - Authorized Non-Affiliates | | | | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199999. Total General Account Authorized | | | | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1499999. Total General Account - Unauthorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1799999. Total General Account - Unauthorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1899999. Total General Account - Unauthorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2199999. Total General Account - Unauthorized Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2299999. Total General Account Unauthorized | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2599999. Total General Account - Certified U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2899999. Total General Account - Certified Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2999999. Total General Account - Certified Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3299999. Total General Account - Certified Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3399999. Total General Account Certified | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3499999. Total General Account Authorized, Unauthorized and Certified | | | | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3799999. Total Separate Accounts - Authorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4199999. Total Separate Accounts - Authorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4499999. Total Separate Accounts - Authorized Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4599999. Total Separate Accounts Authorized | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4899999. Total Separate Accounts - Unauthorized U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5299999. Total Separate Accounts - Unauthorized Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5599999. Total Separate Accounts - Unauthorized Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5699999. Total Separate Accounts Unauthorized | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5999999. Total Separate Accounts - Certified U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6299999. Total Separate Accounts - Certified Non-U.S. Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6399999. Total Separate Accounts - Certified Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6699999. Total Separate Accounts - Certified Non-Affiliates | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6799999. Total Separate Accounts Certified | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6899999. Total Separate Accounts Authorized, Unauthorized and Certified | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) | | | | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999 - Totals | | | | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

| | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
|--|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | 0 | 2 | 7 | 8 | 6 |
| 2. Title XVIII - Medicare | 296 | 192 | 234 | 0 | 0 |
| 3. Title XIX - Medicaid | 0 | 0 | 0 | 0 | 0 |
| 4. Commissions and reinsurance expense allowance | 7 | 5 | 0 | 0 | 0 |
| 5. Total hospital and medical expenses | 247 | 132 | 169 | 0 | 0 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | 0 | 0 | 0 | 0 | 0 |
| 7. Claims payable | 30 | 12 | 27 | 0 | 0 |
| 8. Reinsurance recoverable on paid losses | 23 | 11 | 29 | 0 | 0 |
| 9. Experience rating refunds due or unpaid | 0 | 0 | 0 | 0 | 0 |
| 10. Commissions and reinsurance expense allowances due | 0 | 0 | 0 | 0 | 0 |
| 11. Unauthorized reinsurance offset | 0 | 0 | 0 | 0 | 0 |
| 12. Offset for reinsurance with Certified Reinsurers | 0 | 0 | 0 | 0 | 0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 14. Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 15. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 16. Other (O) | 0 | 0 | 0 | 0 | 0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust | 0 | 0 | 0 | 0 | 0 |
| 18. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 19. Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 20. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 21. Other (O) | 0 | 0 | 0 | 0 | 0 |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 317,190,175 | 0 | 317,190,175 |
| 2. Accident and health premiums due and unpaid (Line 15) | 26,312,140 | 0 | 26,312,140 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 22,882 | (22,882) | 0 |
| 4. Net credit for ceded reinsurance | XXX | 25,765 | 25,765 |
| 5. All other admitted assets (Balance) | 23,507,469 | (764) | 23,506,705 |
| 6. Total assets (Line 28) | 367,032,666 | 2,119 | 367,034,785 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 74,679,071 | 29,724 | 74,708,795 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | 11,084,563 | 0 | 11,084,563 |
| 9. Premiums received in advance (Line 8) | 1,413,788 | 0 | 1,413,788 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | 0 | 0 | 0 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | 0 | 0 | 0 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | 0 | 0 | 0 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | 0 | 0 | 0 |
| 14. All other liabilities (Balance) | 70,940,719 | (27,605) | 70,913,114 |
| 15. Total liabilities (Line 24) | 158,118,141 | 2,119 | 158,120,260 |
| 16. Total capital and surplus (Line 33) | 208,914,525 | XXX | 208,914,525 |
| 17. Total liabilities, capital and surplus (Line 34) | 367,032,666 | 2,119 | 367,034,785 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | 29,724 | | |
| 19. Accrued medical incentive pool | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 22,882 | | |
| 22. Other ceded reinsurance recoverables | 764 | | |
| 23. Total ceded reinsurance recoverables | 53,370 | | |
| 24. Premiums receivable | 0 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. Unauthorized reinsurance | 0 | | |
| 27. Reinsurance with Certified Reinsurers | 0 | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | 0 | | |
| 29. Other ceded reinsurance payables/offsets | 27,605 | | |
| 30. Total ceded reinsurance payables/offsets | 27,605 | | |
| 31. Total net credit for ceded reinsurance | 25,765 | | |

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| | | | Direct Business Only | | | | | |
|--------------|--------------------------------|-----|--------------------------------|-------------------------------------|--|---|---------------------------|--------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| States, Etc. | | | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Deposit-Type Contracts | Totals |
| 1. | Alabama | AL | | | | | | |
| 2. | Alaska | AK | | | | | | |
| 3. | Arizona | AZ | | | | | | |
| 4. | Arkansas | AR | | | | | | |
| 5. | California | CA | | | | | | |
| 6. | Colorado | CO | | | | | | |
| 7. | Connecticut | CT | | | | | | |
| 8. | Delaware | DE | | | | | | |
| 9. | District of Columbia | DC | | | | | | |
| 10. | Florida | FL | | | | | | |
| 11. | Georgia | GA | | | | | | |
| 12. | Hawaii | HI | | | | | | |
| 13. | Idaho | ID | | | | | | |
| 14. | Illinois | IL | | | | | | |
| 15. | Indiana | IN | | | | | | |
| 16. | Iowa | IA | | | | | | |
| 17. | Kansas | KS | | | | | | |
| 18. | Kentucky | KY | | | | | | |
| 19. | Louisiana | LA | | | | | | |
| 20. | Maine | ME | | | | | | |
| 21. | Maryland | MD | | | | | | |
| 22. | Massachusetts | MA | | | | | | |
| 23. | Michigan | MI | | | | | | |
| 24. | Minnesota | MN | | | | | | |
| 25. | Mississippi | MS | | | | | | |
| 26. | Missouri | MO | | | | | | |
| 27. | Montana | MT | | | | | | |
| 28. | Nebraska | NE | | | | | | |
| 29. | Nevada | NV | | | | | | |
| 30. | New Hampshire | NH | | | | | | |
| 31. | New Jersey | NJ | | | | | | |
| 32. | New Mexico | NM | | | | | | |
| 33. | New York | NY | | | | | | |
| 34. | North Carolina | NC | | | | | | |
| 35. | North Dakota | ND | | | | | | |
| 36. | Ohio | OH | | | | | | |
| 37. | Oklahoma | OK | | | | | | |
| 38. | Oregon | OR | | | | | | |
| 39. | Pennsylvania | PA | | | | | | |
| 40. | Rhode Island | RI | | | | | | |
| 41. | South Carolina | SC | | | | | | |
| 42. | South Dakota | SD | | | | | | |
| 43. | Tennessee | TN | | | | | | |
| 44. | Texas | TX | | | | | | |
| 45. | Utah | UT | | | | | | |
| 46. | Vermont | VT | | | | | | |
| 47. | Virginia | VA | | | | | | |
| 48. | Washington | WA | | | | | | |
| 49. | West Virginia | WV | | | | | | |
| 50. | Wisconsin | WI | | | | | | |
| 51. | Wyoming | WY | | | | | | |
| 52. | American Samoa | AS | | | | | | |
| 53. | Guam | GU | | | | | | |
| 54. | Puerto Rico | PR | | | | | | |
| 55. | U.S. Virgin Islands | VI | | | | | | |
| 56. | Northern Mariana Islands | MP | | | | | | |
| 57. | Canada | CAN | | | | | | |
| 58. | Aggregate Other Alien | OT | | | | | | |
| 59. | Total | | | | | | | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------|-------------------|------------|--------------|-----|--|---|-----------------------|-----------------------------------|--|--|--|--|-----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Y/N) | * |
| .0119 | Humana Inc. | .00000 | 65-0851053 | | | | 154th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-0381804 | | | | 1st Choice Home Health Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-5309363 | | | | 515-526 W MainSt Condo Council of Co-Owners | KY | NIA | Preservation on Main, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0293220 | | | | 54th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 45-3818750 | | | | American Eldercare of North Florida, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0380198 | | | | American Eldercare, Inc. | FL | NIA | American Eldercare of North Florida, LLC | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .12151 | 20-1001348 | | | | Arcadian Health Plan, Inc. | WA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 59-3715944 | | | | Availity, L.L.C. | DE | OTH | See Footnote 1 | Board of Directors | 0.000 | Humana Inc. | | .1 |
| .0119 | Humana Inc. | .00000 | 30-0117876 | | | | CAC Medical Center Holdings, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 26-0010657 | | | | CAC-Florida Medical Centers, LLC | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 26-0815856 | | | | Care Partners Home Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 39-1514846 | | | | CareNetwork, Inc. | WI | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95092 | 59-2598550 | | | | CarePlus Health Plans, Inc. | FL | IA | CAC Medical Center Holdings, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95754 | 62-1579044 | | | | Cariten Health Plan Inc. | TN | IA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95158 | 61-1279717 | | | | CHA HMO, Inc. | KY | IA | CHA Service Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1279716 | | | | CHA Service Company | KY | NIA | Humana Health Plan, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .52015 | 59-2531815 | | | | CompBenefits Company | FL | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 04-3185995 | | | | CompBenefits Corporation | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .11228 | 36-3686002 | | | | CompBenefits Dental, Inc. | IL | IA | Dental Care Plus Management Corporation | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 58-2228851 | | | | CompBenefits Direct, Inc. | DE | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .60984 | 74-2552026 | | | | CompBenefits Insurance Company | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 45-3713941 | | | | Complex Clinical Management, Inc. | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 42-1575099 | | | | Comprehensive Health Insights, Inc. | IL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 59-2716023 | | | | Continucare Corporation | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-5646291 | | | | Continucare MDHC, LLC | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0791417 | | | | Continucare Medical Management, Inc. | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0780986 | | | | Continucare MSO, Inc. | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 75-2043865 | | | | Humana Behavioral Health, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 33-0916248 | | | | DefenseWeb Technologies, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 36-3512545 | | | | Dental Care Plus Management Corp. | IL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95161 | 76-0039628 | | | | DentiCare, Inc. | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .88595 | 31-0935772 | | | | Empheys Insurance Company | TX | IA | Empheysys, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1237697 | | | | Empheysys, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 27-1649291 | | | | Harris, Rothenberg International Inc. | NY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1223418 | | | | Health Value Management, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 46-4912173 | | | | Humana EAP and Work-Life Services of California, Inc. | CA | IA | Harris, Rothenberg International Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 26-3592783 | | | | HUM Provider Holdings, LLC | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-4835394 | | | | Humana Active Outlook, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 75-2739333 | | | | Humana At Home (Dallas), Inc. | TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 76-0537878 | | | | Humana At Home (Houston), Inc. | TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 04-3580066 | | | | Humana at Home (IA), Inc. | MA | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0274594 | | | | Humana At Home 1, Inc. | FL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 13-4036798 | | | | Humana at Home, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .60052 | 37-1326199 | | | | Humana Benefit Plan of Illinois, Inc. | IL | RE | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 59-1843760 | | | | Humana Dental Company | FL | NIA | CompBenefits Corporation | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95519 | 58-2209549 | | | | Humana Employers Health Plan of GA, Inc. | GA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1241225 | | | | Humana Government Business, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95642 | 72-1279235 | | | | Humana Health Benefit Plan of LA, Inc. | LA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .13558 | 26-2800286 | | | | Humana Health Company of New York, Inc. | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .69671 | 61-1041514 | | | | Humana Health Ins. Co. of Florida, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 26-3473328 | | | | Humana Health Plan of California, Inc. | CA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95348 | 31-1154200 | | | | Humana Health Plan of Ohio, Inc. | OH | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95024 | 61-0994632 | | | | Humana Health Plan of Texas, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------|-------------------|------------|--------------|-----|--|---|-----------------------|-----------------------------------|--|--|--|--|-----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Y/N) | * |
| .0119 | Humana Inc. | .95885 | 61-1013183 | | | | Humana Health Plan, Inc. | KY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95721 | 66-0406896 | | | | Humana Health Plans of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-0647538 | | | NYSE | Humana Inc. | DE | UDP | See Footnote 2 | Other | 0.000 | See Footnote 2 | | .2 |
| .0119 | Humana Inc. | .00000 | 61-1343791 | | | | Humana Innovation Enterprises, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .73288 | 39-1263473 | | | | Humana Insurance Company | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .60219 | 61-1311685 | | | | Humana Insurance Company of Kentucky | KY | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .12634 | 20-2888723 | | | | Humana Insurance Company of New York | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .84603 | 66-0291866 | | | | Humana Insurance of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-3364857 | | | | Humana MarketPOINT of Puerto Rico, Inc. | PR | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1343508 | | | | Humana MarketPOINT, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .14224 | 27-3991410 | | | | Humana Medical Plan of Michigan, Inc. | MI | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .14462 | 27-4660531 | | | | Humana Medical Plan of Pennsylvania, Inc. | PA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .12908 | 20-8411422 | | | | Humana Medical Plan of Utah, Inc. | UT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95270 | 61-1103898 | | | | Humana Medical Plan, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 45-2254346 | | | | Humana Pharmacy Solutions, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1316926 | | | | Humana Pharmacy, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .12282 | 20-2036444 | | | | Humana Regional Health Plan, Inc. | AR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-8418853 | | | | Humana Veterans Healthcare Services, Inc. | DE | NIA | Humana Government Business, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 26-4522426 | | | | Humana WellWorks LLC | DE | NIA | Health Value Management, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .95342 | 39-1525003 | | | | Humana Wisc. Health Org. Ins. Corp. | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .70580 | 39-0714280 | | | | HumanaDental Insurance Company | WI | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1364005 | | | | HumanaDental, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 27-4535747 | | | | Go365, LLC | DE | NIA | HumanaWellworks LLC | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1239538 | | | | Humco, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1383567 | | | | HUM-e-FL, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 86-1050795 | | | | Hummingbird Coaching Systems LLC | OH | NIA | Harris, Rothenberg International Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 39-1769093 | | | | Independent Care Health Plan | WI | OTH | See Footnote 3 | Other | 50.000 | Humana Inc. | | .3 |
| .0119 | Humana Inc. | .65110 | 57-0380426 | | | | Kanawha Insurance Company | SC | IA | KMG America Corporation | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-1377270 | | | | KMG America Corporation | VA | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1232669 | | | | Managed Care Indemnity, Inc. | VT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0879131 | | | | METCARE of Florida, Inc. | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0635728 | | | | Metropolitan Health Networks, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0992582 | | | | Naples Health Care Specialists, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-0688221 | | | | Nursing Solutions, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 62-1552091 | | | | PHP Companies, Inc. | TN | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 62-1250945 | | | | Preferred Health Partnership, Inc. | TN | NIA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-1724127 | | | | Preservation on Main, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 46-1225873 | | | | Primary Care Holdings, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 75-2844854 | | | | ROHC, L.L.C. | TX | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 56-2593719 | | | | SeniorBridge (NC), Inc. | NC | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 80-0581269 | | | | SeniorBridge Care Management, Inc. | NY | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 46-0702349 | | | | SeniorBridge Family Companies (AZ), Inc. | AZ | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 45-3039782 | | | | SeniorBridge Family Companies (CA), Inc. | CA | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 27-0452360 | | | | SeniorBridge Family Companies (CT), Inc. | CT | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 65-1096853 | | | | SeniorBridge Family Companies (FL), Inc. | FL | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 02-0660212 | | | | SeniorBridge Family Companies (IL), Inc. | IL | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-0301155 | | | | SeniorBridge Family Companies (IN), Inc. | IN | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 81-0557727 | | | | SeniorBridge Family Companies (MD), Inc. | MD | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 46-0677759 | | | | SeniorBridge Family Companies (MO), Inc. | MO | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 36-4484449 | | | | SeniorBridge Family Companies (NJ), Inc. | NJ | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 36-4484443 | | | | SeniorBridge Family Companies (NY), Inc. | NY | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 20-0260501 | | | | SeniorBridge Family Companies (OH), Inc. | OH | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 38-3643832 | | | | SeniorBridge Family Companies (PA), Inc. | PA | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 01-0766084 | | | | Humana At Home (San Antonio), Inc. | TX | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------------|-------------------|----------------|--------------|-------|--|--|------------------------|-----------------------------------|--|--|--|--|-----------------------------------|-----------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Owner-ship Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Y/N) | * |
| ..0119 ... | Humana Inc. | ..00000 | 46-0691871 ... | ..... | ..... | ..... | SeniorBridge Family Companies (VA), Inc. | ..VA..... | ..NIA..... | Humana at Home, Inc. | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |
| ..0119 ... | Humana Inc. | ..00000 | 59-2518701 ... | ..... | ..... | ..... | SeniorBridge-Florida, LLC | ..FL..... | ..NIA..... | SeniorBridge Family Companies (FL), Inc. .. | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |
| ..0119 ... | Humana Inc. | ..00000 | 74-2352809 ... | ..... | ..... | ..... | Texas Dental Plans, Inc. | ..TX..... | ..NIA..... | Humana Dental Company | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |
| ..0119 ... | Humana Inc. | ..54739 | 52-1157181 ... | ..... | ..... | ..... | The Dental Concern, Inc. | ..KY..... | ..IA..... | HumanaDental, Inc. | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |
| ..0119 ... | Humana Inc. | ..00000 | 75-2600512 ... | ..... | ..... | ..... | Humana at Home (TLC), Inc. | ..TX..... | ..NIA..... | ROHC, L.L.C. | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |
| ..0119 ... | Humana Inc. | ..00000 | 80-0072760 ... | ..... | ..... | ..... | Transcend Insights, Inc. | ..DE..... | ..NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |
| ..0119 ... | Humana Inc. | ..00000 | 46-5329373 ... | ..... | ..... | ..... | Transcend Population Health Management, LLC .. | ..DE..... | ..NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |
| ..0119 ... | Humana Inc. | ..00000 | 66-0872725 ... | ..... | ..... | ..... | Humana Management Services of Puerto Rico, Inc. | ..PR..... | ..NIA..... | Humana Inc. | Ownership..... | 100.000 ... | Humana Inc. .... | ..... | ..0 |

| Asterisk | Explanation |
|----------|---|
| 1 | Availity, L.L.C., a Delaware limited liability company (Company), was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. The following companies have Common Unit ownership in the Company: HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 19.4% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 29.1% ownership interest, Health Care Service Corporation, a Member, has a 29.1% ownership interest, Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 19.4% ownership interest, and MII Services, Inc., a subsidiary of Blue Cross and Blue Shield of Minnesota and a Member, has 3% ownership interest. |
| 2 | Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily. |
| 3 | Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%. |

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|--------------|---|--------------------------|--------------------------|---|---|---|---|----|--|---------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 65-0851053 | 154th Street Medical Plaza, Inc. | 0 | 0 | 0 | 0 | (282,834) | 0 | | 0 | (282,834) | 0 |
| 00000 | 20-0381804 | 1st Choice Home Health Care, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| 00000 | 20-5309363 | 515-526 W MainSt Condo Council of Co- Owners | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 65-0293220 | 54th Street Medical Plaza, Inc. | 0 | 0 | 0 | 0 | (1,358,432) | 0 | | 0 | (1,358,432) | 0 |
| 00000 | 45-3818750 | American Eldercare of North Florida, LLC | 0 | 0 | 0 | 0 | 3,703,597 | 0 | | 0 | 3,703,597 | 0 |
| 00000 | 65-0380198 | American Eldercare, Inc. | 0 | 0 | 0 | 0 | 41,031,480 | 0 | | 0 | 41,031,480 | 0 |
| 12151 | 20-1001348 | Arcadian Health Plan, Inc. | 0 | 50,000,000 | 0 | 0 | (69,404,678) | 0 | | 0 | (19,404,678) | 0 |
| 00000 | 59-3715944 | Availity, L.L.C. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 30-0117876 | CAC Medical Center Holdings, Inc. | 0 | 0 | 0 | 0 | (148,668) | 0 | | 0 | (148,668) | 0 |
| 00000 | 26-0010657 | CAC-Florida Medical Centers, LLC | 0 | 0 | 0 | 0 | (17,638,809) | 0 | | 0 | (17,638,809) | 0 |
| 00000 | 26-0815856 | Care Partners Home Care, LLC | 0 | 0 | 0 | 0 | 388 | 0 | | 0 | 388 | 0 |
| 00000 | 39-1514846 | CareNetwork, Inc. | 0 | 0 | 0 | 0 | (616,863) | 0 | | 0 | (616,863) | 0 |
| 95092 | 59-2598550 | CarePlus Health Plans, Inc. | 96,780,000 | 0 | 0 | 0 | (57,029,881) | 0 | | 0 | 39,750,119 | 0 |
| 95754 | 62-1579044 | Cariten Health Plan Inc. | 43,650,000 | 0 | 0 | 0 | (162,315,393) | 0 | | 0 | (118,665,393) | 0 |
| 95158 | 61-1279717 | CHA HMO, Inc. | 0 | 0 | 0 | 0 | (15,451,559) | 0 | | 0 | (15,451,559) | 0 |
| 00000 | 61-1279716 | CHA Service Company | 0 | 0 | 0 | 0 | 15 | 0 | | 0 | 15 | 0 |
| 52015 | 59-2531815 | CompBenefits Company | 5,000,000 | 0 | 0 | 0 | (20,398,997) | 0 | | 0 | (15,398,997) | 0 |
| 00000 | 04-3185995 | CompBenefits Corporation | 0 | 0 | 0 | 0 | 1,094,032 | 0 | | 0 | 1,094,032 | 0 |
| 11228 | 36-3686002 | CompBenefits Dental, Inc. | 1,000,000 | 0 | 0 | 0 | (3,101,323) | 0 | | 0 | (2,101,323) | 0 |
| 00000 | 58-2228851 | CompBenefits Direct, Inc. | 0 | 0 | 0 | 0 | (14,816) | 0 | | 0 | (14,816) | 0 |
| 60984 | 74-2552026 | CompBenefits Insurance Company | 5,000,000 | 0 | 0 | 0 | (13,724,780) | 0 | | 0 | (8,724,780) | 0 |
| 00000 | 45-3713941 | Complex Clinical Management, Inc. | 0 | 0 | 0 | 0 | 845,535 | 0 | | 0 | 845,535 | 0 |
| 00000 | 42-1575099 | Comprehensive Health Insights, Inc. | 0 | 0 | 0 | 0 | 1,268,692 | 0 | | 0 | 1,268,692 | 0 |
| 00000 | 59-2716023 | Continucare Corporation | 0 | 0 | 0 | 0 | 12,540,516 | 0 | | 0 | 12,540,516 | 0 |
| 00000 | 20-5646291 | Continucare MDHC, LLC | 0 | 0 | 0 | 0 | (318,435) | 0 | | 0 | (318,435) | 0 |
| 00000 | 65-0791417 | Continucare Medical Management, Inc. | 0 | 0 | 0 | 0 | (9,042,005) | 0 | | 0 | (9,042,005) | 0 |
| 00000 | 65-0780986 | Continucare MSO, Inc. | 0 | 0 | 0 | 0 | (1,311,208) | 0 | | 0 | (1,311,208) | 0 |
| 00000 | 33-0916248 | DefenseWeb Technologies, Inc. | 0 | 0 | 0 | 0 | (30,758) | 0 | | 0 | (30,758) | 0 |
| 00000 | 36-3512545 | Dental Care Plus Management Corp. | 0 | 0 | 0 | 0 | 37,766 | 0 | | 0 | 37,766 | 0 |
| 95161 | 76-0039628 | DentiCare, Inc. | 2,000,000 | 0 | 0 | 0 | (8,564,298) | 0 | | 0 | (6,564,298) | 0 |
| 88595 | 31-0935772 | Empheysis Insurance Company | 0 | 0 | 0 | 0 | (1,645) | 0 | | 0 | (1,645) | 0 |
| 00000 | 61-1237697 | Empheysis, Inc. | 0 | 0 | 0 | 0 | 239 | 0 | | 0 | 239 | 0 |
| 00000 | 27-4535747 | Go365, LLC | 0 | 0 | 0 | 0 | (10,577,032) | 0 | | 0 | (10,577,032) | 0 |
| 00000 | 27-1649291 | Harris, Rothenberg International Inc. | 0 | 0 | 0 | 0 | (21,166,707) | 0 | | 0 | (21,166,707) | 0 |
| 00000 | 61-1223418 | Health Value Management, Inc. | 0 | 0 | 0 | 0 | 20,622 | 0 | | 0 | 20,622 | 0 |
| 00000 | 46-4912173 | HRI Humana of California Inc. | 0 | 0 | 0 | 0 | 73,203 | 0 | | 0 | 73,203 | 0 |
| 00000 | 26-3592783 | HUM Provider Holdings, LLC | 0 | 0 | 0 | 0 | (3,133,073) | 0 | | 0 | (3,133,073) | 0 |
| 00000 | 20-4835394 | Humana Active Outlook, Inc. | 0 | 0 | 0 | 0 | 1,501 | 0 | | 0 | 1,501 | 0 |
| 00000 | 75-2739333 | Humana At Home (Dallas), Inc. | 0 | 0 | 0 | 0 | (594,383) | 0 | | 0 | (594,383) | 0 |
| 00000 | 76-0537878 | Humana At Home (Houston), Inc. | 0 | 0 | 0 | 0 | (938,494) | 0 | | 0 | (938,494) | 0 |
| 00000 | 04-3580066 | Humana at Home (MA), Inc. | 0 | 0 | 0 | 0 | (1,197,327) | 0 | | 0 | (1,197,327) | 0 |
| 00000 | 01-0766084 | Humana At Home (San Antonio), Inc. | 0 | 0 | 0 | 0 | (8,225,420) | 0 | | 0 | (8,225,420) | 0 |
| 00000 | 75-2600512 | Humana at Home (TLC), Inc. | 0 | 0 | 0 | 0 | 54 | 0 | | 0 | 54 | 0 |

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|--------------|---|--------------------------|--------------------------|---|---|---|---|----|--|---------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 65-0274594 | Humana at Home 1, Inc. | 0 | 0 | 0 | 0 | (82,613,664) | 0 | | 0 | (82,613,664) | 0 |
| 00000 | 13-4036798 | Humana at Home, Inc. | 0 | 0 | 0 | 0 | (862,230) | 0 | | 0 | (862,230) | 0 |
| 00000 | 75-2043865 | Humana Behavioral Health, Inc. | 12,220,000 | 0 | 0 | 0 | (13,511,264) | 0 | | 0 | (1,291,264) | 0 |
| 60052 | 37-1326199 | Humana Benefit Plan of Illinois, Inc. | 0 | 0 | 0 | 0 | (104,594,192) | 0 | | 0 | (104,594,192) | 0 |
| 00000 | 59-1843760 | Humana Dental Company | 0 | 0 | 0 | 0 | 4,153,046 | 0 | | 0 | 4,153,046 | 0 |
| 95519 | 58-2209549 | Humana Employers Health Plan of GA, Inc. | 55,710,000 | 0 | 0 | 0 | (104,936,626) | 0 | | 0 | (49,226,626) | 0 |
| 00000 | 61-1241225 | Humana Government Business, Inc. | 0 | 0 | 0 | 0 | (76,487,687) | 0 | | 0 | (76,487,687) | 0 |
| 95642 | 72-1279235 | Humana Health Benefit Plan of LA, Inc. | 25,000,000 | 0 | 0 | 0 | (233,031,341) | 0 | | 0 | (208,031,341) | 0 |
| 13558 | 26-2800286 | Humana Health Company of New York, Inc. | 0 | 20,000,000 | 0 | 0 | (12,876,800) | 0 | | 0 | 7,123,200 | 0 |
| 69671 | 61-1041514 | Humana Health Ins. Co. of Florida, Inc. | 0 | 75,000,000 | 0 | 0 | 85,039,813 | 0 | | 0 | 160,039,813 | 0 |
| 00000 | 26-3473328 | Humana Health Plan of California, Inc. | 22,000,000 | 0 | 0 | 0 | 2,096,052 | 0 | | 0 | 24,096,052 | 0 |
| 95348 | 31-1154200 | Humana Health Plan of Ohio, Inc. | 0 | 0 | 0 | 0 | (11,488,440) | 0 | | 0 | (11,488,440) | 0 |
| 95024 | 61-0994632 | Humana Health Plan of Texas, Inc. | 125,000,000 | 0 | 0 | 0 | (2,836,584) | 0 | | 0 | 122,163,416 | 0 |
| 95885 | 61-1013183 | Humana Health Plan, Inc. | 0 | 0 | 0 | 0 | (772,761,203) | 0 | | 0 | (772,761,203) | 0 |
| 00000 | 66-0406896 | Humana Health Plans of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 16,484,697 | 0 | | 0 | 16,484,697 | 0 |
| 00000 | 61-0647538 | Humana Inc. | (1,372,150,000) | (160,000,000) | 0 | 0 | 3,114,511,523 | 0 | | 0 | 1,582,361,523 | 0 |
| 00000 | 61-1343791 | Humana Innovation Enterprises, Inc. | 0 | 0 | 0 | 0 | 19,726 | 0 | | 0 | 19,726 | 0 |
| 73288 | 39-1263473 | Humana Insurance Company | 844,290,000 | 0 | 0 | 0 | (237,525,108) | (13,387,510) | | 0 | 593,377,382 | 29,795,022 |
| 60219 | 61-1311685 | Humana Insurance Company of Kentucky | 0 | 0 | 0 | 0 | (12,614,922) | 13,387,510 | | 0 | 772,588 | (29,795,022) |
| 12634 | 20-2888723 | Humana Insurance Company of New York | 0 | 0 | 0 | 0 | (30,590,874) | 0 | | 0 | (30,590,874) | 0 |
| 00000 | 66-0291866 | Humana Insurance of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | (16,484,174) | 0 | | 0 | (16,484,174) | 0 |
| 00000 | 66-0872725 | Humana Management Services of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 20-3364857 | Humana MarketPOINT of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 00000 | 61-1343508 | Humana Marketpoint, Inc. | 0 | 0 | 0 | 0 | 502,810,994 | 0 | | 0 | 502,810,994 | 0 |
| 00000 | 27-3991410 | Humana Medical Plan of Michigan, Inc. | 0 | 0 | 0 | 0 | (8,998,859) | 0 | | 0 | (8,998,859) | 0 |
| 14462 | 27-4660531 | Humana Medical Plan of Pennsylvania, Inc. | 0 | 0 | 0 | 0 | (11,067,333) | 0 | | 0 | (11,067,333) | 0 |
| 12908 | 20-8411422 | Humana Medical Plan of Utah, Inc. | 0 | 0 | 0 | 0 | (5,822,650) | 0 | | 0 | (5,822,650) | 0 |
| 95270 | 61-1103898 | Humana Medical Plan, Inc. | 100,000,000 | 0 | 0 | 0 | (878,051,857) | 0 | | 0 | (778,051,857) | 0 |
| 00000 | 45-2254346 | Humana Pharmacy Solutions, Inc. | 0 | 0 | 0 | 0 | (146,612,971) | 0 | | 0 | (146,612,971) | 0 |
| 00000 | 61-1316926 | Humana Pharmacy, Inc. | 0 | 0 | 0 | 0 | (362,942,147) | 0 | | 0 | (362,942,147) | 0 |
| 12282 | 20-2036444 | Humana Regional Health Plan, Inc. | 0 | 0 | 0 | 0 | (4,417,925) | 0 | | 0 | (4,417,925) | 0 |
| 00000 | 20-8418853 | Humana Veterans Healthcare Services, Inc. | 0 | 0 | 0 | 0 | (1,889,745) | 0 | | 0 | (1,889,745) | 0 |
| 00000 | 26-4522426 | Humana WellWorks LLC | 0 | 0 | 0 | 0 | 325 | 0 | | 0 | 325 | 0 |
| 95342 | 39-1525003 | Humana Wisc. Health Org. Ins. Corp. | 0 | 15,000,000 | 0 | 0 | (130,424,827) | 0 | | 0 | (115,424,827) | 0 |
| 70580 | 39-0714280 | HumanaDental Insurance Company | 25,000,000 | 0 | 0 | 0 | (37,596,503) | 0 | | 0 | (12,596,503) | 0 |
| 00000 | 61-1364005 | HumanaDental, Inc. | 0 | 0 | 0 | 0 | 568,851 | 0 | | 0 | 568,851 | 0 |
| 00000 | 61-1239538 | Humco, Inc. | 0 | 0 | 0 | 0 | 1,154 | 0 | | 0 | 1,154 | 0 |
| 00000 | 61-1383567 | HUM-e-FL, Inc. | 0 | 0 | 0 | 0 | (9,615,118) | 0 | | 0 | (9,615,118) | 0 |
| 00000 | 86-1050795 | Hummingbird Coaching Systems LLC | 0 | 0 | 0 | 0 | 2,148,634 | 0 | | 0 | 2,148,634 | 0 |
| 00000 | 39-1769093 | Independent Care Health Plan | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| 65110 | 57-0380426 | Kanawha Insurance Company | 0 | 0 | 0 | 0 | (31,683,046) | 0 | | 0 | (31,683,046) | 0 |
| 00000 | 20-1377270 | KMG America Corporation | 0 | 0 | 0 | 0 | 1,029 | 0 | | 0 | 1,029 | 0 |

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|--------------|---|--------------------------|--------------------------|---|---|---|---|-----|--|--------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 61-1232669 | Managed Care Indemnity, Inc. | 6,000,000 | 0 | 0 | 0 | (4,256,194) | 0 | | 0 | 1,743,806 | 0 |
| 00000 | 65-0879131 | METCARE of Florida, Inc. | 0 | 0 | 0 | 0 | (10,510,809) | 0 | | 0 | (10,510,809) | 0 |
| 00000 | 65-0635728 | Metropolitan Health Networks, Inc. | 0 | 0 | 0 | 0 | 346,652 | 0 | | 0 | 346,652 | 0 |
| 00000 | 65-0992582 | Naples Health Care Specialists, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| 00000 | 65-0688221 | Nursing Solutions, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| 00000 | 62-1552091 | PHP Companies, Inc. | 0 | 0 | 0 | 0 | (2,048) | 0 | | 0 | (2,048) | 0 |
| 00000 | 62-1250945 | Preferred Health Partnership, Inc. | 0 | 0 | 0 | 0 | 20 | 0 | | 0 | 20 | 0 |
| 00000 | 20-1724127 | Preservation on Main, Inc. | 0 | 0 | 0 | 0 | 1,783,161 | 0 | | 0 | 1,783,161 | 0 |
| 00000 | 46-1225873 | Primary Care Holdings, Inc. | 0 | 0 | 0 | 0 | 667,061 | 0 | | 0 | 667,061 | 0 |
| 00000 | 75-2844854 | ROHC, L.L.C. | 0 | 0 | 0 | 0 | (495,261) | 0 | | 0 | (495,261) | 0 |
| 00000 | 56-2593719 | SeniorBridge (NC), Inc. | 0 | 0 | 0 | 0 | (5,921,520) | 0 | | 0 | (5,921,520) | 0 |
| 00000 | 80-0581269 | SeniorBridge Care Management, Inc. | 0 | 0 | 0 | 0 | (550,409) | 0 | | 0 | (550,409) | 0 |
| 00000 | 46-0702349 | SeniorBridge Family Companies (AZ), Inc. | 0 | 0 | 0 | 0 | (3,410,991) | 0 | | 0 | (3,410,991) | 0 |
| 00000 | 45-3039782 | SeniorBridge Family Companies (CA), Inc. | 0 | 0 | 0 | 0 | (600,611) | 0 | | 0 | (600,611) | 0 |
| 00000 | 27-0452360 | SeniorBridge Family Companies (CT), Inc. | 0 | 0 | 0 | 0 | (1,369,739) | 0 | | 0 | (1,369,739) | 0 |
| 00000 | 65-1096853 | SeniorBridge Family Companies (FL), Inc. | 0 | 0 | 0 | 0 | 3,515,708 | 0 | | 0 | 3,515,708 | 0 |
| 00000 | 02-0660212 | SeniorBridge Family Companies (IL), Inc. | 0 | 0 | 0 | 0 | (6,858,025) | 0 | | 0 | (6,858,025) | 0 |
| 00000 | 20-0301155 | SeniorBridge Family Companies (IN), Inc. | 0 | 0 | 0 | 0 | (610,377) | 0 | | 0 | (610,377) | 0 |
| 00000 | 81-0557727 | SeniorBridge Family Companies (MD), Inc. | 0 | 0 | 0 | 0 | (595,885) | 0 | | 0 | (595,885) | 0 |
| 00000 | 46-0677759 | SeniorBridge Family Companies (MO), Inc. | 0 | 0 | 0 | 0 | (2,381,972) | 0 | | 0 | (2,381,972) | 0 |
| 00000 | 36-4484449 | SeniorBridge Family Companies (NJ), Inc. | 0 | 0 | 0 | 0 | (2,405,536) | 0 | | 0 | (2,405,536) | 0 |
| 00000 | 36-4484443 | SeniorBridge Family Companies (NY), Inc. | 0 | 0 | 0 | 0 | 1,719,801 | 0 | | 0 | 1,719,801 | 0 |
| 00000 | 20-0260501 | SeniorBridge Family Companies (OH), Inc. | 0 | 0 | 0 | 0 | (3,893,165) | 0 | | 0 | (3,893,165) | 0 |
| 00000 | 38-3643832 | SeniorBridge Family Companies (PA), Inc. | 0 | 0 | 0 | 0 | (1,407,611) | 0 | | 0 | (1,407,611) | 0 |
| 00000 | 46-0691871 | SeniorBridge Family Companies (VA), Inc. | 0 | 0 | 0 | 0 | (5,489,723) | 0 | | 0 | (5,489,723) | 0 |
| 00000 | 59-2518701 | SeniorBridge-Florida, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| 00000 | 74-2352809 | Texas Dental Plans, Inc. | 0 | 0 | 0 | 0 | (99,914) | 0 | | 0 | (99,914) | 0 |
| 54739 | 52-1157181 | The Dental Concern, Inc. | 3,500,000 | 0 | 0 | 0 | (6,395,893) | 0 | | 0 | (2,895,893) | 0 |
| 00000 | 80-0072760 | Transcend Insights, Inc. | 0 | 0 | 0 | 0 | 22,246,988 | 0 | | 0 | 22,246,988 | 0 |
| 00000 | 46-5329373 | Transcend Population Health Management, LLC | 0 | 0 | 0 | 0 | 7,447,960 | 0 | | 0 | 7,447,960 | 0 |
| 9999999 Control Totals | | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.







SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | | Responses |
|--------------|--|-----------|
| MARCH FILING | | |
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 2. | Will an actuarial opinion be filed by March 1? | YES |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?..... | YES |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?..... | YES |
| APRIL FILING | | |
| 5. | Will Management's Discussion and Analysis be filed by April 1? | YES |
| 6. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| 7. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| JUNE FILING | | |
| 8. | Will an audited financial report be filed by June 1? | YES |
| 9. | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |

| | |
|---|---|
| AUGUST FILING | |
| 10. | Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? |
| | YES |
| The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. | |

| | |
|---------------|---|
| MARCH FILING | |
| 11. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |
| | YES |
| 12. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |
| | YES |
| 13. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?..... |
| | NO |
| 14. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?..... |
| | YES |
| 15. | Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?..... |
| | YES |
| 16. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... |
| | NO |
| 17. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |
| | NO |
| 18. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |
| | NO |
| 19. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?..... |
| | NO |
| APRIL FILING | |
| 20. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |
| | NO |
| 21. | Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |
| | YES |
| 22. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |
| | YES |
| 23. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? |
| | YES |
| AUGUST FILING | |
| 24. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |
| | YES |
| Explanations: | |
| 13. | This type of business is not written. |
| 16. | This type of business is not written. |
| 17. | No relief will be requested. |
| 18. | No relief will be requested. |
| 19. | No relief will be requested. |
| 20. | This type of business is not written. |

| | |
|------------|---|
| Bar Codes: | |
| 13. | SIS Stockholder Information Supplement [Document Identifier 420] |
| |  |
| 16. | Medicare Part D Coverage Supplement [Document Identifier 365] |
| |  |
| 17. | Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] |
| |  |
| 18. | Relief from the one-year cooling off period for independent CPA [Document Identifier 225] |
| |  |
| 19. | Relief from the Requirements for Audit Committees [Document Identifier 226] |
| |  |
| 20. | Long-Term Care Experience Reporting Forms [Document Identifier 306] |
| |  |



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
NAIC Group Code 0119..... NAIC Company Code 60052.....
ADDRESS (City, State and Zip Code) Peoria , IL 61615.....
Person Completing This Exhibit Bryan Oberholtzer.....
Title Regional Controller Financial Reporting..... Telephone Number 502-580-1077.....

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2014 | | | | Policies Issued in 2015; 2016; 2017 | | | |
|--|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------|-------------------------------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | | | | | | | | | | | | | | | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| | NDMESVA | A | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 | 0 |
| | NDMESVF | F | NO | 0034000 | 12/13/2013 | | | | | 1,770 | 638 | 36.0 | 1 | 30,498 | 25,953 | 85.1 | 19 |
| | NDMESVF (HD) | F | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 873 | 0 | 0.0 | 3 |
| | NDMESVG | G | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 13,141 | 13,430 | 102.2 | 10 |
| | NDMESVK | K | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 | 0 |
| | NDMESVN | N | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 13,885 | 6,613 | 47.6 | 11 |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 1,770 | 638 | 36.0 | 1 | 58,397 | 45,996 | 78.8 | 43 |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 101 E. Main Street Louisville , KY 40202

2.2 Contact Person and Phone Number: John Myers 502-580-7488
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 101 E. Main Street Louisville , KY 40202

3.2 Contact Person and Phone Number: Matthew Burrows 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
NAIC Group Code 0119 NAIC Company Code 60052
ADDRESS (City, State and Zip Code) Peoria , IL 61615
Person Completing This Exhibit Bryan Oberholtzer
Title Regional Controller Financial Reporting Telephone Number 502-580-1077

| 1 Compliance with OBRA | 2 Policy Form Number | 3 Standardized Medicare Supplement Benefit Plan | 4 Medicare Select | 5 Plan Character- istics | 6 Date Approved | 7 Date Approval Withdrawn | 8 Date Last Amended | 9 Date Closed | 10 Policy Marketing Trade Name | Policies Issued Through 2014 | | | | Policies Issued in 2015; 2016; 2017 | | | |
|--|--------------------------------|---|-----------------------------|---------------------------------------|---------------------------|--|-------------------------------|-------------------------|--|------------------------------|------------------|--|---|-------------------------------------|------------------|--|---|
| | | | | | | | | | | 11 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |
| | | | | | | | | | | | | | | | | | |
| | WIMESHCBASIC | B | NO | 0230560 | 09/28/2016 | | | | | 0 | 0 | 0.0 | 0 | 28,000 | 15,039 | 53.7 | 47 |
| 0199999. Total Experience on Individual Policies | | | | | | | | | | 0 | 0 | 0.0 | 0 | 28,000 | 15,039 | 53.7 | 47 |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 101 E. Main Street Louisville , KY 40202
2.2 Contact Person and Phone Number: John Myers 502-580-7488
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 101 E. Main Street Louisville , KY 40202
3.2 Contact Person and Phone Number: Matthew Burrows 502-580-0594
4. Explain any policies identified above as policy type "O".



LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The Humana Benefit Plan of Illinois Inc.....

ADDRESS (City, State and Zip Code) Peoria , IL 61615

NAIC Group Code 0119 NAIC Company Code 60052 Employer's ID Number 37-1326199

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

| 1 | 2 | 3 | 4 | 5 | 6 |
|--|-------|------------|----------|-------------------------------------|-------|
| Valuation Standard | Total | Industrial | Ordinary | Credit (Group and Individual) | Group |
| <div style="font-size: 100px; font-weight: bold; opacity: 0.5;">NONE</div> | | | | | |
| 9999999. Totals (Net) | | | | | |

EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?.....

Yes [] No [X]

1.2

If not, state which kind is issued.
.....

2.1

Does the reporting entity at present issue both participating and non-participating contracts?.....

Yes [] No [X]

2.2

If not, state which kind is issued.
.....

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?.....

Yes [] No [X]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4.

Has the reporting entity any assessment or stipulated premium contracts in force?.....

Yes [] No [X]

If so, state:

4.1

Amount of insurance?

\$.....0

4.2

Amount of reserve?

\$.....0

4.3

Basis of reserve
.....

4.4

Basis of regular assessments
.....

4.5

Basis of special assessments
.....

4.6

Assessments collected during the year:

\$.....0

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
.....

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [] No [X]

6.1

If so, state the amount of reserve on such contracts on the basis actually held:.....

\$.....0

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$.....0

Attach statement of methods employed in their valuation.

7.

Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements

\$.....0

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount
.....

7.3

State the amount of reserves established for this business:

\$.....0

7.4

Identify where the reserves are reported in the blank
.....

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

8.1

If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$.....0

8.2

State the amount of reserves established for this business:

\$.....0

8.3

Identify where the reserves are reported in the blank:
.....

9.

Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [] No [X]

9.1

If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:

\$.....0

9.2

State the amount of reserves established for this business:

\$.....0

9.3

Identify where the reserves are reported in the blank:
.....

Life Supplement - Exhibit 7 - Deposit-Type Contracts

N O N E

Life Supplement - Schedule S - Part 1 - Section 1

N O N E

Life Supplement - Schedule S - Part 3 - Section 1

N O N E



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alaska
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

NONE

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

NONE

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Delaware
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Georgia
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Hawaii
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Indiana
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code0119

LIFE INSURANCE

DURING THE YEAR2017

NAIC Company Code60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code0119

LIFE INSURANCE

DURING THE YEAR2017

NAIC Company Code60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Missouri
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nebraska
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nevada
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

NONE

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

NONE

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Mexico
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Pennsylvania
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

NONE

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

NONE

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|--|------------|-----------------|------------|
| 1. | Life insurance | | | | | |
| 2. | Annuity considerations | | | | | |
| 3. | Deposit-type contract funds | | XXX | | XXX | |
| 4. | Other considerations | | | | | |
| 5. | Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | |
| 6.4 Other | | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | | |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. | Death benefits | | | | | |
| 10. | Matured endowments | | | | | |
| 11. | Annuity benefits | | | | | |
| 12. | Surrender values and withdrawals for life contracts | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. | All other benefits, except accident and health | | | | | |
| 15. | Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | ..... |  |  |  |  |  |
| 1302. | ..... |  |  |  |  |  |
| 1303. | ..... |  |  |  |  |  |
| 1398. | Summary of Line 13 from overflow page | | | | | |
| 1399. | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|--|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | |
| 17. | Incurred during current year | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. | In force December 31, prior year | | (a) | | | | | | | |
| 21. | Issued during year | | | | | | | | | |
| 22. | Other changes to in force (Net) | | | | | | | | | |
| 23. | In force December 31 of current year | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|------|--|--------------------------------|--|-------------------------|--------------------------------|
| 24. | Group Policies (b) | | | | |
| 24.1 | Federal Employees Health Benefits Plan premium (b) | | | | |
| 24.2 | Credit (Group and Individual) | | | | |
| 24.3 | Collectively renewable policies (b) | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | |
| 25.1 | Non-cancelable (b) | | | | |
| 25.2 | Guaranteed renewable (b) | | | | |
| 25.3 | Non-renewable for stated reasons only (b) | | | | |
| 25.4 | Other accident only | | | | |
| 25.5 | All other (b) | | | | |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | | | | |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code0119

LIFE INSURANCE

DURING THE YEAR2017

NAIC Company Code60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons

insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Washington
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code0119

LIFE INSURANCE

DURING THE YEAR2017

NAIC Company Code60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2017
NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | | | | |
| 2. Annuity considerations | | | | | |
| 3. Deposit-type contract funds | | XXX | | XXX | |
| 4. Other considerations | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | |
| 6.4 Other | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | |
| 7.3 Other | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | | | | | |
| 10. Matured endowments | | | | | |
| 11. Annuity benefits | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | |
| 14. All other benefits, except accident and health | | | | | |
| 15. Totals | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | | | | | |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | |

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|--------------------------------|--|-------------------------|--------------------------------|
| 24. Group Policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons
insured under indemnity only products _____



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 | 2 | 3 | 4 | 5 |
|---|----------|---------------------------------------|-------|------------|-------|
| | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 0 | 0 | 0 | 0 | 0 |
| 2. Annuity considerations | 0 | 0 | 0 | 0 | 0 |
| 3. Deposit-type contract funds | 0 | XXX | 0 | XXX | 0 |
| 4. Other considerations | 0 | 0 | 0 | 0 | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | 0 | 0 | 0 | 0 | 0 |
| 6.2 Applied to pay renewal premiums | 0 | 0 | 0 | 0 | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 0 | 0 | 0 | 0 | 0 |
| 6.4 Other | 0 | 0 | 0 | 0 | 0 |
| 6.5 Totals (sum of Line 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | 0 | 0 | 0 | 0 | 0 |
| 7.2 Applied to provide paid-up annuities | 0 | 0 | 0 | 0 | 0 |
| 7.3 Other | 0 | 0 | 0 | 0 | 0 |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 plus 7.4) | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits | 0 | 0 | 0 | 0 | 0 |
| 10. Matured endowments | 0 | 0 | 0 | 0 | 0 |
| 11. Annuity benefits | 0 | 0 | 0 | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | 0 | 0 | 0 | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | 0 | 0 | 0 | 0 | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 1301. | | | | | |
| 1302. | | | | | |
| 1303. | | | | | |
| 1398. Summary of Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------|--|--------|--------------------|--------|------------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind.Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.2 By payment on compromised claims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.5 Amount rejected | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force (Net) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|---------------------------|---|--------------------|---------------------------|
| | Direct Premiums | Direct Premiums Earned | Dividends Paid Or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | 0 | 0 | 0 | 0 | 0 |
| 24.2 Credit (Group and Individual) | 0 | 0 | 0 | 0 | 0 |
| 24.3 Collectively renewable policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | 0 | 0 | 0 | 0 | 0 |
| 25.1 Non-cancelable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | 0 | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | 0 | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | 0 | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business 7

Assets 2

Cash Flow 6

Exhibit 1 - Enrollment By Product Type for Health Business Only 17

Exhibit 2 - Accident and Health Premiums Due and Unpaid 18

Exhibit 3 - Health Care Receivables 19

Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued 20

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus 21

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates 22

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 23

Exhibit 7 - Part 1 - Summary of Transactions With Providers 24

Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries 24

Exhibit 8 - Furniture, Equipment and Supplies Owned 25

Exhibit of Capital Gains (Losses) 15

Exhibit of Net Investment Income 15

Exhibit of Nonadmitted Assets 16

Exhibit of Premiums, Enrollment and Utilization (State Page) 30

Five-Year Historical Data 29

General Interrogatories 27

Jurat Page 1

Liabilities, Capital and Surplus 3

Notes To Financial Statements 26

Overflow Page For Write-ins 44

Schedule A - Part 1 E01

Schedule A - Part 2 E02

Schedule A - Part 3 E03

Schedule A - Verification Between Years SI02

Schedule B - Part 1 E04

Schedule B - Part 2 E05

Schedule B - Part 3 E06

Schedule B - Verification Between Years SI02

Schedule BA - Part 1 E07

Schedule BA - Part 2 E08

Schedule BA - Part 3 E09

Schedule BA - Verification Between Years SI03

Schedule D - Part 1 E10

Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

Schedule D - Part 2 - Section 1 E11

Schedule D - Part 2 - Section 2 E12

Schedule D - Part 3 E13

Schedule D - Part 4 E14

Schedule D - Part 5 E15

Schedule D - Part 6 - Section 1 E16

Schedule D - Part 6 - Section 2 E16

Schedule D - Summary By Country SI04

Schedule D - Verification Between Years SI03

Schedule DA - Part 1 E17

Schedule DA - Verification Between Years SI10

Schedule DB - Part A - Section 1 E18

Schedule DB - Part A - Section 2 E19

Schedule DB - Part A - Verification Between Years SI11

Schedule DB - Part B - Section 1 E20

Schedule DB - Part B - Section 2 E21

Schedule DB - Part B - Verification Between Years SI11

Schedule DB - Part C - Section 1 SI12

Schedule DB - Part C - Section 2 SI13

Schedule DB - Part D - Section 1 E22

Schedule DB - Part D - Section 2 E23

Schedule DB - Verification SI14

Schedule DL - Part 1 E24

Schedule DL - Part 2 E25

Schedule E - Part 1 - Cash E26

Schedule E - Part 2 - Cash Equivalents E27

Schedule E - Part 3 - Special Deposits E28

Schedule E - Verification Between Years SI15

ANNUAL STATEMENT BLANK (Continued)

| | |
|--|------|
| Schedule S - Part 1 - Section 2 | 31 |
| Schedule S - Part 2 | 32 |
| Schedule S - Part 3 - Section 2 | 33 |
| Schedule S - Part 4 | 34 |
| Schedule S - Part 5 | 35 |
| Schedule S - Part 6..... | 36 |
| Schedule S - Part 7..... | 37 |
| Schedule T - Part 2 - Interstate Compact | 39 |
| Schedule T - Premiums and Other Considerations | 38 |
| Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Schedule Y - Part 1A - Detail of Insurance Holding Company System | 41 |
| Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates | 42 |
| Statement of Revenue and Expenses | 4 |
| Summary Investment Schedule | SI01 |
| Supplemental Exhibits and Schedules Interrogatories | 43 |
| Underwriting and Investment Exhibit - Part 1 | 8 |
| Underwriting and Investment Exhibit - Part 2 | 9 |
| Underwriting and Investment Exhibit - Part 2A | 10 |
| Underwriting and Investment Exhibit - Part 2B | 11 |
| Underwriting and Investment Exhibit - Part 2C | 12 |
| Underwriting and Investment Exhibit - Part 2D | 13 |
| Underwriting and Investment Exhibit - Part 3 | 14 |